

STATE OF MISSISSIPPI

COUNTY OF HARRISON

AFFIDAVIT OF GARY T. HARGROVE, HARRISON COUNTY CORONER

Personally came and appeared before me, the undersigned authority in and for the county and state the within named GARY T. HARGROVE, who after being first duly sworn by me on oath, did depose and state the following:

I.

My name is Gary T. Hargrove and I am over the age of 21 years and am not the convict of a felony. I am the Harrison County Coroner, an elected public official for Harrison County, Mississippi.

II.

I am not an employee of Harrison County.

III.

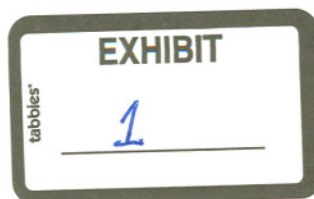
I have personal knowledge of the matters and facts contained in this Affidavit and am competent to testify to the matters herein.

IV.

I am not an official policymaker for the Harrison County Sheriff's Office or Harrison County, Mississippi.

V.

On December 7, 2006, in my official capacity as Coroner, I was called upon to investigate the death of Lee Demond Smith which occurred at the Garden Park Medical Center in Gulfport, Mississippi. I investigated the death and having reviewed the official autopsy report from Dr. Paul Anthony McGarry, M.D., confirmed the primary cause of death was myocardial



hypoxia due to pulmonary atelectasis due to a convulsive seizure from a pulmonary embolus of the deep leg veins and pelvic thrombi. The investigation showed there were no injuries in the deceased's chest, neck, abdomen, pelvis, extremities or anywhere on the deceased's body. The deceased, Lee Demond Smith, died from natural causes.

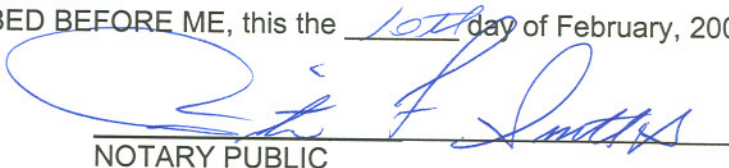
VI.

I nor Dr. McGarry with anyone else conspired to or misrepresented any facts or reports. A copy of my official report, which was confirmed by the Department of Justice and Department of Defense, is attached hereto.

Further Affiant saith not.


GARY T. HARGROVE

SWORN TO AND SUBSCRIBED BEFORE ME, this the 10th day of February, 2009.


NOTARY PUBLIC

My Commission Expires:



MSME STATE MEDICAL
EXAMINER

REPORT OF DEATH INVESTIGATION (HARRISON COUNTY)

Case Number **86-924-N**

DECEDENT: **LEE** **DEMOND** **SMITH**
First Name Middle Name Last Name Jr., Sr., III, etc.

ADDRESS: **517 ESTERS BLVD** **BILOXI** **MS** **HARRISON**
(Number and Street or Route, Box No. City State Zip Code County)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

SSN: **587-51-6656** Date of Birth: **04/29/1985** Age: **21** Marital Status: **Never Married**

Race: **Afro-American** Sex: **Male** Head-Hair: **Black** Other Hair: **GOATEE**

Clothing: **Clothed** Eye Color: **BROWN** Eyes: **R** **L** Weight: appr. **200**

Length: **5' 10"** Miscellaneous: Body Temperature: **Warm**

Rigor: Neck ☒ 0 ☐ 1+ ☐ 2+ ☐ 3+ Arms ☒ 0 ☐ 1+ ☐ 2+ ☐ 3+ Legs ☒ 0 ☐ 1+ ☐ 2+ ☐ 3+

Livor Color: **PURPLE** Livor Fixed: **No** ☐ Anterior ☒ Posterior ☐ Lateral

Blood: ☐ Nose ☐ Mouth ☐ Ears ☐ Clothing ☒ None Froth: **Absent**

Other (Dirt, Water, etc): ☐ Nose ☐ Mouth ☐ Ears ☒ None Decomposition: **None**

OCCUPATION Type of Work: Industry: ☒ No Occupational Information

INFORMATION ABOUT OCCURRENCE

On The Job Injury or Onset of Illness:	No	Date	Time	Location	County	Type of Premises
Actual	12/17/2006	Actual	1309	10451 LARKIN SMITH DRIVE GPT, MS	HARRISON	JAIL
By Whom? Name/Address						
Last Seen Alive	Actual	12/17/2006	Actual	1309	GAY HARTLEY	HARRISON JAIL
Death:	Actual	12/17/2006	Actual	1401	GPH ER - DR FEDUCCIA	HARRISON Hospital
By Whom? Name/Address						
Found Dead By:						
Date Time Officer: INV SHELBY						
Police Notified:	12/17/2006	1401	Police Agency	MISSISSIPPI BUREAU OF INVESTIGATION		
Coroner/ME/Notified:	12/17/2006	1401	By Whom/Name/Address:	GPH ER		
View of Body:	12/17/2006	1410	ATER	<input type="checkbox"/> Not Viewed		
Witness To Injury or Illness and Death: Name/Address						

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

Sudden/Unexpected

Blood Sample Drawn ☒ Yes ☐ No

MANNER OF DEATH

Medico-Legal Autopsy Authorized ☒ Yes ☐ No Pathologist: DR PAUL McGARRY

Probable Cause of Death: MYOCARDIAL HYPOXIA DUE TO PULMONARY ATELECTASIS

Due To: 2) CONVULSIVE SEIZURE ACTIVITY, 3) PULMONARY EMBOLUS OF THE DEEP LEG VEINS AND PELVIC VEIN THROMBI

Contributing Factor:

Other Autopsy Done ☐ Yes ☒ No IS DECEDENT AN ORGAN DONOR? ☐ Yes ☒ No (Please ask family, when all possible)

☐ Kidney ☐ Eye ☐ Any Needed Organ

hereby certify that after receiving notice of death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

(Signature of Coroner or Medical Examiner)

HARRISON

County

Tuesday, January 09, 2007 14:46 Printed Date

Report Prepared By:

GARY T HARGROVE

NO. 2401

Case Number: 06-924-N SSN: 587-51-6656 Decedent: LEE DEMOND SMITH

MEANS OF DEATH (Agency or Object)-IF DEATH OTHER THAN NATURAL

If Motor Vehicle Involved: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other
☐ Lap Belt Used ☐ Shoulder Belt Used ☐ Crash Helmet Worn ☐ None
☐ Hit-Run ☐ Non-Highway _____
 Type of Vehicle _____ Description: _____

If Gun: ☐ Rifle-Cal. _____ ☐ Handgun-Cal. _____ ☐ Shotgun-Gau. _____ ☐ Unknown Type
 Description: _____
☐ Stippling ☐ Smudging ☐ Abrasion Collar ☐ Round ☐ Oblong ☐ Stellate ☐ Surg. Treated ☐ Other
 Location of Wounds (If no autopsy): ☐ Head ☐ Neck ☐ Chest ☐ Abdomen ☐ Buttocks ☐ Thighs
☐ Lower Legs ☐ Feet ☐ Upper Arms ☐ Lower Arms ☐ Hands ☐ Other

If Instrument: _____ What Kind: _____ ☐ Unknown Kind
 Type and Location of Injuries: _____

If Drug, Poison, Chemical (suspected): ☐ Alcohol ☐ Other Drugs, Chemical or Poison (Specify By Name)
☐ Unknown Remarks/Symptoms: _____
☐ Ingested ☐ Injected ☐ Inhaled ☐ Topical ☐ Other ☐ Unknown _____

MEDICAL HISTORY

CONDITION: ☐ Alcoholism ☐ Cancer ☐ Diabetes ☐ Drug Abuse ☐ Lung Disease ☐ Fractures
☐ Heart Disease ☐ Seizure (Specify) ☐ Other(Specify) _____
 Doctor: _____ Where Treated: _____
 Past Operative Procedures: _____

MEDICATIONS

MOTRIN

Next of Kin: LILLION SMITH - 374-1177
 Body Conveyed By: RIEMANN'S/A & A MEMORIAL CHAPEL

The following forms are being submitted: ☐ Body Charts ☒ Toxicology Report ☐ Evidence Submission Form
☐ Organ Donation Form ☒ Permit for Autopsy ☐ Permit for Cremation

Case Number: 06-924-N SSN: 587-51-6656 Decedent: LEE DEMOND SMITH

NARRATIVE SUMMARY

ON 12-17-06 AT APPROXIMATELY 1309 HOURS, EMS WAS SUMMONED TO THE HARRISON COUNTY JAIL FOR A MEDICAL EMERGENCY. UPON THEIR ARRIVAL, THE DECEASED WAS IN CARDIAC ARREST. RESUSCITATIVE MEASURES WERE CONTINUED AND HE WAS TRANSPORTED TO THE EMERGENCY ROOM WHERE HE WAS PRONOUNCED WHEN HE DID NOT RESPOND TO THE TREATMENT. ON VIEW, THE DECEASED WAS DRESSED IN INMATE CLOTHING, WHICH CONSISTED OF A T-SHIRT, PANTS, UNDERWEAR, AND SOCKS. THE SOCKS WERE LYING AT THE FOOT OF THE DECEASED. THE DECEASED WAS INCONTINENT. NO SIGNS OF INJURY COULD BE SEEN. THE DECEASED WAS THEN PHOTOGRAPHED AND REMOVED TO THE FUNERAL HOME FOR AN AUTOPSY.

INVESTIGATOR TRACY - HCSO

INVESTIGATOR TRACY ARRIVED AT THE EMERGENCY ROOM AND ADVISED THAT HE HAD BEEN TOLD THAT THE DECEASED WAS BY THE TELEVISION AT A TABLE WHEN HE COLLAPSED TO THE FLOOR. THE MEDICAL STAFF ARRIVED AS HE WAS COMING AROUND. INVESTIGATOR TRACY STATED THAT THEY TOLD HIM THAT THE DECEASED WANTED TO STAND UP AND WHEN HE DID, HE COLLAPSED AGAIN. HE STATED THAT THE DECEASED WAS THEN PUT IN HIS BOAT. INVESTIGATOR TRACY STATED THAT THEY SAID THAT THE DECEASED BEGAN TO VOMIT AND WAS TURNED OVER ONTO HIS SIDE. THE DECEASED QUIT BREATHING SHORTLY AFTER THAT.

ON 12-18-06, AN AUTOPSY WAS PERFORMED BY DR PAUL McGARRY AT RIEMANN FUNERAL HOME. THE AUTOPSY SHOWED NO SIGNS OF TRAUMA. IT SHOWED THAT THE DECEASED HAD AN OLD SCAR AT THE LEFT ELBOW AND RIGHT FOREARM. IT SHOWED THAT HE HAD A PLANTAR WART ON THE SOLE OF EACH FOOT. IT SHOWED THAT THE HEART WAS HYPOXIC AND DILATED AND THAT HE HAD BLOODY FLUID IN HIS STOMACH. IT SHOWED THAT THE LUNGS WERE ATELECTATIC AND THAT HE HAD A BITTEN TONGUE. IT SHOWED BILATERAL PULMONARY EMBOLI AND THERE WAS SMALL RESIDUAL EMBOLI IN THE DEEP LEG VEINS AND EMBOLI IN THE PELVIC VEINS. FLUIDS AND PHOTOGRAPHS TAKEN. TOXICOLOGY SHOWED THE DECEASED WAS NEGATIVE FOR DRUGS AND ALCOHOL.

MBI INVESTIGATION

INVESTIGATOR SHELBY STATED THAT THE WITNESSES STATED THAT THE DECEASED WALKED OVER TO A TABLE AND BENT OVER TO LEAN ON IT WHEN HE COLLAPSED TO THE FLOOR AND HAD SEIZURE ACTIVITY. THE STATEMENTS SHOWED THAT THE DECEASED THEN CAME TO AND STATED THAT HE HAD NOT TAKEN ANY DRUGS AND WANTED TO STAND UP. THE STATEMENTS INDICATED THAT THE DECEASED WAS INCONTINENT AT THAT TIME. THE STATEMENTS INDICATED THAT THE DECEASED STOOD UP AND COLLAPSED AGAIN TO THE FLOOR AND BEGAN TO HAVE SEIZURE ACTIVITY AGAIN. THE STATEMENTS INDICATED THAT THE DECEASED THEN BECAME UNRESPONSIVE AND CPR WAS BEGUN. THEY INDICATED THAT EMS ARRIVED AND ADVANCED LIFE SUPPORT MEASURES WERE BEGUN AND THE DECEASED WAS THEN TRANSPORTED TO THE EMERGENCY ROOM.

THE DECEASED'S DEATH IS RULED NATURAL. THE CAUSE OF DEATH IS DUE TO MYOCARDIAL HYPOXIA DUE TO PULMONARY ATELECTASIS DUE TO CONVULSIVE SEIZURE ACTIVITY DUE TO PULMONARY EMBOLUS OF THE DEEP LEG VEINS AND PELVIC VEIN THROMBI.